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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Chandler Kade Eby		and if! -!	aa abs::::: !		0. Candidata's 550 !!	atification Number	
	(b) Address (number and street) 105 Garrett Circle	☐ Check if address changed				Candidate's FEC Identification Number P60015971		
	(c) City, State, and ZIP Code					3. Is This		
	Ephrata		P/	1752	2	Statement X (N) OR (A)	
4.	Party Affiliation	5. Office Sough			6. State & Distr	rict of Candidate		
	REPUBLICAN PARTY	Presidentia	al 					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
	The Eby Foundation	1						
	(b) Address (number and street) 105 Garrett Circle							
	(c) City, State, and ZIP Code							
	Ephrata				PA	17522		
	·							
	DE	SIGNATION	N OF OT	HER AII	THORIZED	COMMITTEES		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)								
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.								
NOTE: This designation should be filed with the principal campaign committee.								
(a) Name of Committee (in full)								
(b) Address (number and street)								
(b) Address (number and street)								
(c) City, State, and ZIP Code								
	Loortify that I have ava	minad this State	mont and to	the best of	mu knowlodgo o	nd belief it is true, correct	and complete	
	·	Tillied tills State	errierit ariu tu	ine best of	Thy knowledge a		ани сотрівів.	
	gnature of Candidate	Date					•	
C	handler Kade Eby	[Electronically Filed]				09/28/2015		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
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FEC FORM 2 (REV. 02/2009)